STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT) SERVICES

For EPSDT services provided on or after April 1, 1990, the following applies.

For services reimbursed under the Nebraska Medicaid Practitioner Fee Schedule, NMAP pays for EPSDT services (except for clinical diagnostic laboratory services) at the lower of -

1. The provider's submitted charge; or
2. The allowable amount for that procedure code in the Nebraska Medicaid Practitioner Fee Schedule for that date of service. The allowable amount is indicated in the fee schedule as -
   a. The unit value multiplied by the conversion factor;
   b. The invoice cost (indicated as "IC" in the fee schedule);
   c. The maximum allowable dollar amount; or
   d. The reasonable charge for the procedure as determined by the Medical Services Division (indicated as "BR" - by report or "RNE" - rate not established in the fee schedule).

Payment for clinical laboratory services is made at the amount allowed for each procedure code in the national fee schedule for clinical laboratory services as established by Medicare.

NMAP pays for injections at the wholesale cost of the drug plus an administration fee determined by the Department. Only the administration fee is paid when a physician uses vaccine obtained at no cost from the Nebraska Department of Health.

The Nebraska Medicaid Practitioner Fee Schedule is effective July 1 through June 30 of each year.

"Substitute per letter dated 11/12/98"

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

The Department reserves the right to adjust the fee schedule to -

1. Comply with changes in state or federal requirement;
2. Comply wit changes nationally-recognized coding systems. such as HCPCS and CPT;
3. Establish an initial allowable amount for a new procedure based on information that was not available when the fee schedule was established for the current year; and
4. Adjust the allowable amount when the Medical Services Division determines that the current allowable amount is -
   a. Not appropriate for the service provided; or
   b. Based on errors in data and calculation.

The Department may issue revisions of the Nebraska Medicaid Practitioner Fee Schedule during the year that it is effective. Providers will be notified of the revisions and their effective dates.

Other services covered as EPSDT follow-up services will be paid according to currently established payment methodologies, i.e., inpatient hospital treatment for substance abuse treatment services will be paid according to the methodology in Attachment 4.19-A.

Specialized mental health and substance abuse treatment services include day treatment, treatment crisis intervention, treatment foster care, treatment group home. and residential treatment center services, provided to children and adolescents under the EPSDT program. Payment rates for specialized mental health and substance abuse services are established on a unit (per day) basis. Rates are set annually. Rates are set prospectively for the annual rate period and are not adjusted during the rate period. Providers are required to submit annual cost reports on a uniform cost reporting form. In determining payment rates, the Department will consider those costs that are reasonable and necessary for the active treatment of the clients being served. Those costs include costs necessary for licensure and accreditation,

---

'Substitute per letter dated 1/12/98 "

ATTACHMENT 4.19-B
Item 4b (Page 3)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

meeting all staffing standards for participation, meeting all service standards for participation, meeting all requirements for active treatment, maintaining medical records, conducting utilization review, meeting inspection of care, and discharge planning. The Department does not guarantee that all costs will be reimbursed. The submitted cost reports are used only as a guide in the rate-setting process. Payment rates do not include the costs of providing educational services.

Payment for services provided by JCAHO-accredited facilities will include payment for room and board.

Specialized mental health and substance abuse services provided by state-operated facilities are reimbursed at a rate that includes all reasonable and necessary costs of operation, excluding educational services. State-operated facilities will receive an interim payment rate, with an adjustment to actual costs following the cost reporting period.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

FAMILY PLANNING SERVICES

For dates of service on or after August 1, 1989, NMAP pays for family planning services and supplies for individuals of child-bearing age at the lower of -

1. The provider's submitted charge; or
2. The allowable amount for that procedure code in the Nebraska Medicaid Practitioner Fee Schedule in effect for that date of service. The allowable amount is indicated in the fee schedule as -
   a. The unit value multiplied by the conversion factor;
   b. The invoice cost (indicated as "IC" in the fee schedule);
   c. The maximum allowable dollar amount; or
   d. The reasonable charge for the procedure as determined by the Medical Services Division (indicated as "BR" - by report or "RNE" - rate not established - in the fee schedule).

The Nebraska Medicaid Practitioner Fee Schedule is effective July 1 through June 30 of each year.

Revisions of the Fee Schedule: The Department reserves the right to adjust the fee schedule to -

1. Comply with changes in state or federal requirements;
2. Comply with changes in nationally-recognized coding systems, such as HCPCS and CPT;
3. Establish an initial allowable amount for a new procedure based on information that was not available when the fee schedule was established for the current year; and
4. Adjust the allowable amount when the Medical Services Division determines that the current allowable amount is -
   a. Not appropriate for the service provided; or
   b. Based on errors in data or calculation.

The Department may issue revisions of the Nebraska Medicaid Practitioner Fee Schedule during the year that it is effective. Providers will be notified of the revisions and their effective dates.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

PHYSICIANS' SERVICES

For dates of service on or after August 1, 1989, NMAP pays for covered physicians' services at the lower of -

1. The provider's submitted charge; or
2. The allowable amount for that procedure code in the Nebraska Medicaid Practitioner Fee Schedule in effect for that date of service. The allowable amount is indicated in the fee schedule as -
   a. The unit value multiplied by the conversion factor;
   b. The invoice cost (indicated as "IC" in the fee schedule);
   c. The maximum allowable dollar amount; or
   d. The reasonable charge for the procedure as determined by the Medical Services Division (indicated as "BR" - by report or "RNE" - rate not established - in the fee schedule).

The Nebraska Medicaid Practitioner Fee Schedule is effective July 1 through June 30 of each year.

Revisions of the Fee Schedule: The Department reserves the right to adjust the fee schedule to -

1. Comply with changes in state or federal requirements;
2. Comply with changes in nationally-recognized coding systems, such as HCPCS and CPT;
3. Establish an initial allowable amount for a new procedure based on information that was not available when the fee schedule was established for the current year; and
4. Adjust the allowable amount when the Medical Services Division determines that the current allowable amount is -
   a. Not appropriate for the service provided; or
   b. Based on errors in data or calculation.

The Department may issue revisions of the Nebraska Medicaid Practitioner Fee Schedule during the year that it is effective. Providers will be notified of the revisions and their effective dates.

NMAP pays for injections at the wholesale cost of the drug plus an administration fee determined by the Department. Only the administration fee is paid when a physician uses vaccine obtained at no cost from the Nebraska Department of Health.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENTS RATES

MAXIMUM MEDICAID PAYMENT RATES FOR LISTED OBSTETRICAL PRACTITIONER SERVICES

Procedure Code	Procedure Description	Maximum Payment Effective 7-1-96
Maternity Care and Delivery		
Incision		
59000	Amniocentesis, any method	$ 43.03
59012	Cordocentesis (intrauterine), any method	172.12
59015	Chorionic villus sampling, any method	129.09
59020	Fetal contraction stress test	43.03
59025	Fetal non-stress test	43.03
59030	Fetal scalp blood sampling	43.03
59050	Initiation and/or supervision or internal fetal monitoring during labor by consultant with report (separate procedure)	77.45
59051	Interpretation only	60.24
59100	Hysterotomy, abdominal (e.g., for hydatidiform mole, abortion)	688.48
Excision		
59120	Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach	602.42
59121	tubal or ovarian, without salpingectomy and/or oophorectomy	602.42
59130	abdominal pregnancy	623.94
59135	interstitial, uterine pregnancy requiring total hysterectomy	753.03
59136	interstitial, uterine pregnancy with partial resection of uterus	860.60
59140	cervical, with evacuation	602.42

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENTS RATES

MAXIMUM MEDICAID PAYMENT RATES FOR LISTED OBSTETRICAL PRACTITIONER SERVICES (continued)

Procedure Code	Procedure Description	Maximum Payment Effective 7-1-96
59150	Laparoscopic treatment of ectopic pregnancy, without salpingectomy and/or oophorectomy	$ 473.33
59151	with salpingectomy and/or oophorectomy	774.54
59160	Curettage, postpartum (separate procedure)	180.73
Introduction		
59200	Insertion of cervical dilator	103.27
Repair		
59300	Episiotomy or vaginal repair, by other than attending physician	90.36
59320	Cerclage or cervix, during pregnancy; vaginal	400.52
59325	abdominal	258.18
59350	Hysterorrhaphy of ruptured uterus	645.45
Delivery, Antepartum and Postpartum Care		
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care	1005.28
59409	Vaginal delivery only (with or without episiotomy and/or forceps)	522.41
59410	including postpartum care	622.86
59412	External cephalic version, with or without tocolysis	169.09
59414	Delivery of placenta (separate procedure)	120.78
59425	Antepartum care only; 4-6 visits	37.34 per visit
59426	7 or more visits	37.34 per visit
59430	Postpartum care only (separate procedure)	37.34 per visit

---

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENTS RATES

MAXIMUM MEDICAID PAYMENT RATES FOR LISTED OBSTETRICAL PRACTITIONER SERVICES (continued)

Procedure Code	Procedure Description	Maximum Payment Effective 7-1-96
Cesarean Delivery		
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care	$ 1429.41
59514	Cesarean delivery only	829.06
59515	including postpartum care	1000.59
59525	Subtotal or total hysterectomy after cesarean delivery	410.64
Abortion		
59812	Treatment of spontaneous abortion, any trimester, completed surgically	268.85
59820	Treatment of missed abortion, completed surgically, first trimester	302.41
59821	second trimester	336.06
59830	Treatment of septic abortion, completed surgically	336.06
59840	Induced abortion, by dilation and curettage	193.64
59841	Induced abortion, by dilation and evacuation	193.64
59850	Induced abortion, by one or more intra-amniotic injections	305.51
59851	with dilation and curettage an/or evacuation	387.27
59852	with hysterotomy (failed intra-amniotic injection)	516.36
59855	Induced abortion, by one or more vaginal suppositories (with or without cervical dilation, laminaria)	361.45
59856	with dilation and curettage and/or evacuation	443.21
59857	with hysterotomy (failed medial evaluation)	572.30

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENTS RATES

MAXIMUM MEDICAID PAYMENT RATES FOR LISTED OBSTETRICAL PRACTITIONER SERVICES (continued)

Procedure Code	Procedure Description	Maximum Payment Effective 7-1-96
Other Procedures		
59870	Uterine evacuation and curettage for hydatidiform mole	$ 215.15
59899	Unlisted procedure, maternity care and delivery	70% of submitted charge
Evaluation and Management		
Office or Outpatient or Other Ambulatory Facility (Visit)		
New Patient		
99201	Physicians typically spend 10 minutes	21.78
99202	Physicians typically spend 20 minutes	31.83
99203	Physicians typically spend 30 minutes	46.90
99204	Physicians typically spend 45 minutes	67.06
99205	Physicians typically spend 60 minutes	87.10

Transmittal # MS-97-7

Supercedes Approved MAY 14 1997 Effective JUL 1 1997

Transmittal # MS-96-3

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENTS RATES

MAXIMUM MEDICAID PAYMENT RATES FOR LISTED PEDIATRIC PRACTITIONER SERVICES

Procedure Code	Procedure Description	Maximum Payment Effective 7-1-96
Established Patient		
99211	Typically 5 minutes are spent supervising or performing these services	$ 11.73
99212	Physicians typically spend 10 minutes	20.10
99213	Physicians typically spend 15 minutes	30.15
99214	Physicians typically spend 25 minutes	45.23
99215	Physicians typically spend 40 minutes	65.33
Office or Other Outpatient Consultations New or Established Patient		
99241	Physicians typically spend 15 minutes	35.76
99242	Physicians typically spend 30 minutes	50.66
99243	Physicians typically spend 40 minutes	65.56
99244	Physicians typically spend 60 minutes	83.44
99245	Physicians typically spend 80 minutes	113.24
Confirmatory Consultations New or Established Patient		
99271	Usually the presenting problem(s) are self limited or minor	23.84
99272	Usually the presenting problems(s) are of low severity	35.76
99273	Usually the presenting problem(s) are of moderate severity	47.68
99274	Usually the presenting problem(s) are of moderate to high severity	65.56
99275	Usually the presenting problem(s) are of moderate to high severity	86.42

Transmittal # MS-97-7

Supercedes Approved MAY 14 1997 Effective JUL 1 1997

Transmittal # MS-96-3